

KENTUCKY INDIVIDUAL INCOME TAX RETURN

Full-Year Residents Only

2005

For calendar year or
other taxable year beginning _____, 2005, and ending _____, 200_____A. Spouse's Social Security Number
400004270B. Your Social Security Number
400004220

Name - Last, First, Middle Initial (Joint or combined return, give both names and initials.)

**DE LA HALO TEST R
MONDAY RUBY D**

Mailing Address (Number and Street or PO Box)

7 HEAVENS LN

Apartment Number

City, Town or Post Office

FRANKFORT

State

KY

Zip Code

40601**TEST 7****FILING STATUS (see instructions) Field 0305**

1. ☐ Single
2. ☒ Married, filing separately on this combined return. (If both had income.)
3. ☐ Married, filing joint return.
4. ☐ Married, filing separate returns. Enter spouse's social security number above and full name here.

POLITICAL PARTY FUND

Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>
Republican	(2) <input checked="" type="checkbox"/>	(5) <input type="checkbox"/>
No Designation	(3) <input type="checkbox"/>	(6) <input checked="" type="checkbox"/>

Field 0305 Field 0305

INCOME

5 Enter amount from federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4 (If total of Columns A and B is \$25,736 or less, you may qualify for the Family Size Tax Credit. See instructions.)

6 Additions from Schedule M, line 6.

7 Add lines 5 and 6.

8 Subtractions from Schedule M, line 16

9 Subtract line 8 from line 7. This is your **Kentucky Adjusted Gross Income**.10 **Itemizers:** Enter itemized deductions from Kentucky Schedule A.**Non-itemizers:** Enter \$1,910 in Columns A and/or B.11 Subtract line 10 from line 9. This is your **Taxable Income**.

12 Enter Tax from from Tax Table, Computation or Schedule J.

Check if from Schedule J. ☐13 Enter tax from Form 4972-K ☐ Schedule RCR ☐

14 Add lines 12 and 13 and enter total here.

15 Enter amounts from page 2, Section A, lines 13A and 13B.

16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero.

17 Enter amounts from Page 2, Section B, lines 4A and 4B.

18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero.

19 Add tax amount(s) in Columns A and B, line 18 and enter here.

20 Check the box that represents your total family size (see instructions for lines 20 and 21) **Field 0320**21 Multiply line 19 by the **Family Size Tax Credit** decimal amount ____ (100%) and enter here

22 Subtract line 21 from line 19.

23 Enter **Education Tuition Tax Credit** from Form 8863-K

24 Subtract line 23 from line 22

25 Enter **Child and Dependent Care Credit**from federal Form 2441, line 9 **.00** X 20% (.20)

26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero.

27 Enter **KENTUCKY USE TAX** from worksheet in the instructions.28 Add lines 26 and 27. Enter here and on page 2, line 29. This is your **Total Tax Liability**.

A. Spouse (Use if Filing Status 2 is checked.)

B. Yourself (or Joint)

81787.00**14073.00****0.00****0.00****81787.00****0.00****10500.00****81787.00****3573.00****7562.00****342.00****74225.00****3231.00****4123.00****68.00****0.00****.00****4123.00****68.00****1031.00****17.00****3092.00****51.00****160.00****20.00****2932.00****31.00****2963.00****1 2 3 4 X****0.00****2963.00****.00****2963.00****0.00****2963.00****.00****2963.00**

Attach a complete copy of federal Form 1040 if you received

Farm, business, or rental income or loss. If not required, check here ☐

Do you wish to receive

a packet next year? (check one) 1 ☐ Yes 2 ☒ No

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Your Signature (If joint or combined return, both must sign)

Spouse's Signature

Date Signed

Telephone Number (daytime)

Typed or Printed Name of Preparer Other than Taxpayer

I.D. Number of Preparer

Date

REFUND/TAX PAYMENT SUMMARY

29 Enter Total Tax Liability from Page 1, line 28.

2963.0030 (a) Enter Kentucky income tax withheld as shown on **attached**

2005 Form W-2(s), and other supporting statements.

30(a) **1273.00**

(b) Enter 2005 Kentucky estimated tax payments.

30(b)

(c) Enter Kentucky corporation income tax credit (KRS 141.420(3) (c))

30(c)

31 Add lines 30(a) through 30(c).

1273.0032 If line 31 is larger than line 29, enter **AMOUNT OVERPAID** (see instructions).

See instructions for a detailed description of funds.

33 Nature and Wildlife Fund Contribution

\$2	\$5	\$10	Other	0.00
-----	-----	------	-------	-------	-------------

34 Child Victims' Trust Fund Contribution

\$2	\$4	Other	0.00
-----	-----	-------	-------	-------------

35 Veterans' Program Trust Fund Contribution **0.00**36 Breast Cancer Research and Education Trust Fund Contribution **0.00**37 Add lines 33 through 36..... **0.00**

38 Amount of line 32 to be CREDITED to your 2006 ESTIMATED TAX.....

0.00

39 Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU

TAX PAYMENT SUMMARY40 If line 29 is larger than line 31, enter **ADDITIONAL TAX DUE** **1690.00**41 (a) Estimated tax penalty **80.00**

(c) Late payment penalty

X Check if Form 2210-K attached

(d) Late filing penalty

(b) Interest

(e) Add lines 41(a) through 41(d).

Enter here..... 41(e)

80.0042 Add lines 40 and 41(e) and enter here. This is the **AMOUNT YOU OWE** **1770.00**

Make check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax--2005" on the check.

Staple check on top of attached wage and tax statements on page 1.

SECTION A: BUSINESS INCENTIVE AND OTHER TAX CREDITS

	A. Spouse	B. Yourself (or Joint)
1 Enter nonrefundable Kentucky corporation income tax credit (KRS 141.420(3))		
2 Enter skills training investment credit (attach copy(ies) of certification).		
3 Enter historic preservation restoration credit.		
4 Enter credit for tax paid to another state (attach copy of return(s) filed with other state).		
5 Enter unemployment credit (attach Schedule UTC).		
6 Enter recycling and/or composting equipment credit (attach Schedule RC).		
7 Enter Kentucky Investment Fund credit (attach copy(ies) of certification).		
8 Enter credit for purchases of Kentucky coal used for generating electricity.		
9 Enter qualified research facility credit (attach Schedule QR).		
10 Enter GED Incentive credit (attach Form DAEL-31).		
11 Enter environmental remediation credit (Brownfields).		
12 Enter biodiesel credit.		
13 Add lines 1 through 12, Columns A and B. Enter here and on page 1, line 15.	1031.00	17.00
	1031.00	17.00

SECTION B: PERSONAL TAX CREDITS

	Check Regular	Check both if 65 or over	Check both if blind	
1 (a) Credits for yourself:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1. Enter number of boxes checked on line 1 02
(b) Credits for spouse:	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
2 DEPENDENTS				2. Enter number of dependents who:
	Dependent's	Dependents	* check if qualifying	lived with you 05
First Name	Last Name	social security number	relationship to you	did not live with
ANGELA	DE LA HALO	400553020	DAUGHTER	you (see instr) 00
GABRIEL	DE LA HALO	400554020	SON	other dependents 02
MICHAEL	MONDAY	400555020	SON	3. Total Credits 09
3 Add total number of credits claimed on lines 1 and 2. If married filing separately on a combined.. return (Filing Status 2), Each taxpayer must claim his or her own credits from line 1, divide the credits on line 2, and enter the totals in Boxes 3A and 3B. All other filers enter the amount from line 3 in Box 3B.				08 3A 01 3B
4 Multiply credits on lines 3A by \$20 and enter on line 4A. Multiply credits on lines 3B by \$20 and enter .. on line 4B. Enter here and on page 1, line 17, Columns A and B.....				X \$20 X \$20
				160 4A 20 4B

SECTION C -- FAMILY SIZE TAX CREDIT (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

First name	Last name	Social Security number	First name	Last name	Social Security number
------------	-----------	------------------------	------------	-----------	------------------------

SCHEDULE MForm 740
42A740-M

Department of Revenue

**KENTUCKY
FEDERAL ADJUSTED GROSS INCOME
MODIFICATIONS**

Attach to Form 740.

2005

Enter name(s) as shown on tax return.

DE LA HALO TEST R & MONDAY RUBY D

Your Social Security Number

400-00-4220**PART I ADDITIONS TO FEDERAL
ADJUSTED GROSS INCOME****A. Spouse (Use if Filing Status 2 is checked.)****B. Yourself (or Joint)**

- 1 Enter interest income from bonds issued by other states and their political subdivisions..... 1
- 2 Enter self-employed health insurance deduction from federal Form 1040, line 29 2
- 3 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1 3
- 4 Enter federal depreciation from Form 4562..... 4
- 5 Other additions (specify):
(a)
(b)
(c) 5
- 6 Total Additions. Enter here and on Form 740, page 1, line 6 6

**PART II SUBTRACTIONS FROM FEDERAL
ADJUSTED GROSS INCOME**

- 7 Enter state income tax refund or credit reported as income on federal Form 1040..... 7
- 8 Enter interest income from U.S. government bonds and securities..... 8
- 9 Enter excludable amount of retirement income (attach Schedule P if more than \$41,110)..... 9
- 10 Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040, line 20(b) (1040A, line 14(b))..... 10
- 11 Enter long-term care insurance premiums..... 11
- 12 Enter health insurance premiums not previously deducted from income. Do not include premiums paid with pretax dollars (see instructions)..... 12
- 13 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1 13
- 14 Enter Kentucky depreciation from Form 4562-K.. 14
- 15 Other subtractions (specify):
(a)
(b)
(c) 15
- 16 Total Subtractions. Enter here and on Form 740, page 1, line 12 16

10500.00**10500.00**

SCHEDULE A**Form 740**

Department of Revenue

KENTUCKY ITEMIZED DEDUCTIONS

↗ Attach to Form 740. ↗ See instructions.

2005

Enter name(s) as shown on Form 740, page 1.

DE LA HALO TEST R & MONDAY RUBY DYour Social Security Number
400-00-4220

Do not include expenses reimbursed or paid by others.		
Medical and Dental Expenses	1. Medical and dental expenses 1	
	2. Enter 7.5% (.075) of the amount from Form 740, line 9 2	
	3. Total medical and dental. Subtract line 2 from line 1. If zero or less, enter -0- ↗ 3	
Taxes <i>Note: Sales and use taxes are not deductible.</i>	4. Local income taxes (do not include state income tax) 4	
	5. Real estate taxes 5	97.00
	6. Personal property taxes 6	186.00
	7. Other taxes (list) 7	
	8. Total taxes. Add lines 4 through 7. Enter here ↗ 8	283.00
Interest Expense <i>Note: Personal interest is not deductible.</i>	9. Home mortgage interest and points reported to you on federal Form 1098 9	3500.00
	10. Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, show that person's name and address) 10	
	11. Points not reported to you on federal Form 1098 (see instructions for special rules) 11	
	12. Investment interest (attach federal Form 4952 if required) 12	
	13. Total interest. Add lines 9 through 12. Enter here ↗ 13	3500.00
	Contributions <i>Note: For any contribution of \$250 or more, see instructions.</i>	14. Contributions by cash or check 14
15. Other than cash or check (attach federal Form 8283 if over \$500) 15		
16. Artistic charitable contributions deduction (attach schedule) 16		
17. Carryover from prior year 17		
18. Total contributions. Add lines 14 through 17. Enter here ↗ 18		2000.00
Casualty and Theft Losses	19. Enter amount from attached federal Form 4684, Section A, line 16 19	10500.00
	20. Enter 10% (.10) of the amount from Form 740, line 9 ... 20	8536.00
	21. Total casualty or theft loss(es). Subtract line 20 from line 19. If zero or less, enter -0- ↗ 21	1964.00
Job Expenses and Most Other Miscellaneous Deductions	22. Unreimbursed employee expenses—job travel, union dues, job education, etc. (attach federal Form 2106 or 2106-EZ if applicable) list 22	1978.00
	23. Tax preparation fees 23	150.00
	24. Other (investment, safe deposit box, etc.) list 24	
	25. Add the amounts on lines 22, 23 and 24. Enter here ... 25	2128.00
	26. Enter 2% (.02) of the amount from Form 740, line 9 26	1707.00
	27. Total. Subtract line 26 from line 25. If zero or less, enter -0- ↗ 27	421.00
Other Miscellaneous Deductions	28. Other (see instructions) list ↗ 28	
Total Itemized Deductions	29. Add lines 3, 8, 13, 18, 21, 27 and 28. Enter here ↗ 29	8168.00

★ If single or married filing jointly and your income for Form 740, Column B does not exceed \$145,950, enter total itemized deductions on Form 740, line 10, Column B.

★ All others go to page 2.

If the amount on Form 740, line 13, exceeds \$145,950 (\$72,975 if married filing separately on a combined return or separate returns), skip Part I and complete Part II.

PART I—DIVIDING DEDUCTIONS BETWEEN SPOUSES

Use this schedule if married filing separately on a combined return.

1. Total itemized deductions from page 1, line 29.....	.00
2. Percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B)	0.00 %
3. Percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B)	0.00 %
4. Percent on line 1 times total deductions entered on page 1, line 29 (enter here and on Form 740, line 10, Column A)	0.00
5. Percent on line 2 times total deductions entered on page 1, line 29 (enter here and on Form 740, line 10, Column B)	0.00

PART II—ITEMIZED DEDUCTIONS LIMITATION SCHEDULE

Use this schedule if the adjusted gross income on Form 740, line 9, exceeds \$145,950 (\$72,975 if married filing separately on a combined return or separate returns).

	A. Spouse	B. Yourself (or Joint)
<ul style="list-style-type: none"> If married filing separately on a combined return, enter in Column A the percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B); enter in Column B the percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B). If single, married filing a joint return or married filing separate returns, enter 100% in Column B. 	%95.81	%4.19
1. Multiply the amount on Schedule A, line 29, by the percent of income shown in Columns A and/or B	1. 7826.00	1. 342.00
2. Add the amounts on Schedule A, lines 3, 12 and 21, plus any gambling losses included on line 28 and multiply by the percent of income shown in Columns A and/or B	2. 1882.00	2. 82.00
<i>Note: Be sure your total gambling losses are clearly identified on line 28.</i>		
3. Subtract the amount on line 2 from the amount on line 1. (If the result is zero, STOP HERE ; enter the amount from line 1 above on Form 740, line 10.)	3. 5944.00	3. 260.00
4. Multiply the amount on line 3 above by 80% (.80)	4. 4755.00	4. 208.00
5. Enter the amount from Form 740, line 9	5. 81787.00	5. 3573.00
6. Enter \$145,950 (\$72,975 if married filing separately on a combined return or separate returns)	6. 72975.00	6. 72975.00
7. Subtract the amount on line 6 from the amount on line 5. (If the result is zero or less, STOP HERE ; enter the amount from line 1 above on Form 740, line 10.)	7. 8812.00	7. .00
8. Multiply the amount on line 7 above by 3% (.03)	8. 264.00	8. .00
9. Compare the amounts on lines 4 and 8 above. Enter the smaller of the two amounts here	9. 264.00	9. .00
10. Total itemized deductions. Subtract the amount on line 9 from the amount on line 1. Enter the result here and on Form 740, line 10	10. 7562.00	10. 342.00

2210-K

42A740-S1

Commonwealth of Kentucky
DEPARTMENT OF REVENUEUNDERPAYMENT OF ESTIMATED TAX
BY INDIVIDUALS

➤ Attach to Form 740 or 740-NP.

2005

Enter name(s) as shown on page 1, Form 740 or 740-NP.

DE LA HALO TEST R & MONDAY RUBY D

Your Social Security Number

400004220

PART I—EXCEPTIONS AND EXCLUSIONS

The penalty may be waived if, *and only if*, one of the following conditions is met. If one or more of the following applies to you, check the appropriate block(s), complete any necessary blank(s) and check the "Form 2210-K attached" block on Form 740, line 41a (Form 740-NP, line 41a). **If none of the exceptions apply, go to Part II.**

Check applicable block(s).

1. The taxpayer died during the taxable year.
2. Two-thirds ($\frac{2}{3}$) or more of the gross income was from farming; this return is being filed on or before March 1, 2006; **and** the total tax due is being paid in full. Fiscal year taxpayers must file a return and pay the tax due on or before the first day of the third month following the close of the tax year.

- a. Enter total gross income
- b. Multiply by $\frac{2}{3}$ (.67)
- c. Enter gross income from farming

Line (c) must **equal or exceed** line (b) to qualify for the exception.

3. Prepaid tax **equals or exceeds** last year's income tax liability.

- a. Enter the liability from the 2004 return, Form 740, line 22;
Form 740-NP, line 18;
 - b. Enter amount from the 2005 Form 740, line 31 (Form 740-NP, page 2, line 31)*
- Line (b) must **equal or exceed** line (a) to claim the exception.

PART II—FIGURING THE UNDERPAYMENT AND PENALTY (Complete only if the **additional** tax due exceeds \$500)

1. a. Enter 2005 income tax liability from Form 740, line 26 (Form 740-NP, page 1, line 26) 1a
- b. Enter credit for taxes paid to another state from Form 740, Section A, line 4
(Form 740-NP, Section A, line 4) 1b
- c. Total (add lines 1a and 1b) 1c
2. Percentage of liability required to be prepaid is 70% 2.
3. Multiply line 1c by line 2 3.
4. Enter the amount from Form 740, line 31 (Form 740-NP, page 2, line 31)* 4a.
- b. Enter credit for taxes paid to another state from Form 740, Section A, line 4
(Form 740-NP, Section A, line 4) 4b
- c. Total (add lines 4a and 4b) 4c
5. Subtract line 4c from line 3 (If line 4c exceeds line 3, no penalty applies.) 5.
6. Penalty percentage is 10% 6.
7. Multiply line 5 by line 6. This is the amount of the penalty for underpayment
of estimated tax (minimum penalty \$25) 7.

2963.00

0.00

2963.00

x .7

2074.00

1273.00

0.00

1273.00

801.00

x .1

80.00

Form 740—Enter this amount on Form 740, line 41a, check the "Form 2210-K attached" box.

Form 740-NP—Enter this amount on Form 740-NP, line 41a, and check the "Form 2210-K attached" box.

To avoid underpayment penalty in the future, obtain and file Form 740-ES.

*Do not include amounts prepaid with extension after the due date of the fourth declaration installment.

Label

(See instructions on page 16.)

Use the IRS label. Otherwise, please print or type.

Presidential

Election Campaign

Filing Status

Check only one box.

Exemptions

If more than four dependents, see page 18.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning , 2005, ending , 20

OMB. No. 1545-0074

Your first name and initial

Last name

TEST R

DE LA HALO

If a joint return, spouse's first name and initial

Last name

RUBY D

MONDAY

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

7 HEAVENS LN

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

BETHLEHEM

KY

40007

Your social security number

400-00-1020

Spouse's social security number

400-00-2020

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

1 Single

4

Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

2 X Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here.

5

Qualifying widow(er) with dependent child (see page 17)

6 a X Yourself. If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b 2

b X Spouse

No. of children on 6c who:

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Check if qualifying child for child tax credit (see pg 18)

☐ lived with you
☐ did not live with you due to divorce or separation (see page 18)

STATEMENT # 1

Dependents on 6c not entered above 2

d Total number of exemptions claimed

Add numbers on lines above 9

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 80,900

8a Taxable interest. Attach Schedule B if required

8a

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends (see page 20)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12 12,161

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount (see page 22)

15b

16a Pensions and annuities

16a

b Taxable amount (see page 22)

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17 1,200

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19 2,670

20a Social security benefits

20a

b Taxable amount (see page 24)

20b

21 Other income.

21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

22 96,931

23 Educator expenses (see page 26)

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

263

27 One-half of self-employment tax. Attach Schedule SE

27

808

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction (see page XX)

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN

31

32 IRA deduction (see page XX)

32

33 Student loan interest deduction (see page XX)

33

34 Tuition and fees deduction (see page XX)

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 31a and 32 through 35

36 1,071

37 Subtract line 36 from line 22. This is your adjusted gross income

37 95,860